Home and Community Care Support Services Toronto Central Primary Care – Key Information Fact Sheet

What can we offer your patients?

If you have a patient with an acute or chronic care need that is not met with current treatment and supports, the Home and Community Care Support Services Toronto Central can help by coordinating your patient's care in the home and the community.

When you refer a patient to Home and Community Care Support Services Toronto Central, the Care Coordinator completes a comprehensive psychosocial, functional and health assessment; acts as a system navigator; links the patient to the appropriate health system and community resources, including Meals on Wheels, Transportation and Day Programs; assesses for caregiver burden; assess and determine eligibility for long-term and respite care; and complete applications where appropriate.

In addition to coordinating your patient's care, clients are assessed for the need to receive community professional services by:

- Nurses: wound care, IV and injectable medication administration, chronic disease management and teaching, for example COPD, CHF, Diabetes, peritoneal dialysis, palliative care, mental health, paediatric care
- Nurse Practitioners: bridge health care between home-bound patient and officebased primary care
- Pharmacists: medication review and reconciliation, medication counselling
- Occupational Therapists: physical environment and cognitive assessments, assistive devices and home safety, mental health, energy conservation strategies
- Physiotherapists: balance and strength training, exercise regimen
- Dieticians: for nutritional counselling

 Speech Language Pathologists: swallowing and speech assessments and therapy

How to make a patient referral:

- By Phone at 416-506-9888
- Complete a Medical Referral Form available from the <u>document library</u> on healthcareathome.ca
- Fax completed forms to 416-506-0374

Note these OHIP Billing Codes:

- KO70 for completing a Home and Community Care Support Services Toronto Central Referral
- K071 and K072 for Acute and Chronic Home Care Supervision (for personally providing medical advice, direction or information to Home and Community Care Support Services Toronto Central or delegated health care staff)
- K124 is payable for a case conference regarding along-term care in-patient or a Home and Community Care Support Services Toronto Central patient. Note the K124 requires participation by the physician most responsible for the care of the patient and at least 2 other participants that include physicians, regulated social workers, employees of a Home and Community Care Support Services Toronto Central and/or regulated health professionals

Contact us:

We're available 7 days a week, 365 days a year 416-506-9888 or 310-2222 healthcareathome.ca | torontocentralhealthline.ca

